

Department of Social and Health Services

DP Code/Title: PL-EN Dementia Pilot Project

Program Level - 050 Long Term Care Services

Budget Period: 2003-05 Version: 11 2003-05 Agency Request Budget

Recommendation Summary Text:

This request is for funding for additional dementia specialty beds and for staff to provide support services to clients with dementia. The program would expand the availability of quality residential care options for Medicaid clients with dementia by contracting with licensed boarding homes that deliver specialized dementia care services for additional dementia specialty beds, and providing Dementia Care Quality Support (DCQS) services that promote and enhance quality of care for these vulnerable elders in licensed boarding homes and other community settings.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050			
001-1 General Fund - Basic Account-State	465,000	863,000	1,328,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	464,000	862,000	1,326,000
Total Cost	929,000	1,725,000	2,654,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Program 050 FTEs	3.0	3.0	3.0

Package Description:

At least half of all nursing home residents have dementia. They are the residents with the longest stays and the ones most likely to "spend down" to Medicaid. According to the Alzheimer's Association Advocates Guide, delaying nursing home admissions for people with Alzheimer's disease by just one month could save at least \$1.12 billion a year, nationally.

This population has multiple, complex, and ever-changing needs. Case management staff, throughout the state, struggle daily to find appropriate and/or sufficient community resources and services for persons with dementia within a resource limited environment. The result is a service system for these individuals which is fragmented and frustrating. For Aging and Adult Services (AASA) staff, it is highly inefficient and ultimately very costly.

Whether changes are made to improve AASA's response, the dementia population will continue to expand. The lack of an effective coordinated response from within the AASA system leads to potentially inefficient use of field staff as well as costly long-term care services.

Currently, 160 specialized dementia care beds are available within contracted licensed boarding homes through the Dementia Pilot and Expansion Projects. These 21 contracted facilities implement services through a standard set of expectations tied to an enhanced daily rate. While the Pilot and Expansion beds are serving to provide placements for many dementia clients, and have allowed AASA to watch and learn from the phased expansion of this program, this number of beds is insufficient to meet the needs of this population.

This proposal responds to the above mentioned system inefficiencies (i.e., resource limitations), the demands of Washington State's expanding dementia population, and applies to what has been learned from the implementation of the Dementia Care Pilot Project in Boarding Homes. It proposes increasing the number of beds in licensed boarding homes across the state that have a specialized dementia care contract, and provides a critical component of DCQS for the participating facilities and their allied caregivers. Over time, this component of support could effectively provide assistance to other residential and in-home providers, enabling them to maintain individuals with dementia in the community for longer periods of time.

More specifically it would:

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1) Increase specialized dementia care beds in licensed boarding homes by 200 to 360 from the current level of 160.

Proposed implementation schedule:

- a) By March 2004, 100 beds to be allocated, by contract, to eligible facilities; and
- b) By March 2005, another 100 beds will be allocated.

2) Begin to develop the DCQS services necessary at the regional level to support providers, caregivers, case managers, and family members who are providing and advocating for quality care for these vulnerable elders with dementia. DCQS services would include: technical assistance, training, and consultation. Technical assistance would focus on defining and clarifying expectations of the specialized dementia care contracts and providing the information necessary to successfully implement the specified standards of care. Training would provide opportunities for the sharing of up-to-date information and enhancement of skills necessary to provide quality dementia care. Training would include a focus on providing individualized care and programming specifically for the dementia population. Additional training topics may address challenges specific to this population such as: preventing falls, managing behavioral issues, and other topics of need identified by the audience. Consultation services would provide providers, caregivers, and case managers the opportunity to solve problems directly related to the care and challenges of specific dementia clients, with the goal of maintaining the client in his/her current setting if at all possible. Consultation would be made available through a pool of locally recruited, screened, and contracted professionals experienced in serving the target population.

Proposed implementation schedule:

- a) By September 2003, each of AASA's six regional offices will develop a plan for establishing DCQS services in their service area. This plan would include the identification of local staff to serve as the DCQS Services Coordinator, and a plan for provision of locally available technical assistance, training, and consultation services. In the first year, DCQS services are to be available (prioritized) to licensed boarding homes participating in the Dementia Pilot/Expansion Projects, as well as other licensed boarding homes in each area.
- b) By June 2004, facilities new to specialized dementia care would have received regionally-based technical assistance related to provision of specialized dementia care under this program. Training and consultation service components would be under development.
- c) By December 2004, training and consultation service components would be operational at regional level. These services would be made available to contracted providers serving Department of Social and Health Services (DSHS) clients with dementia, as well as their allied case managers.
- d) By June 2005, facilities new to specialized dementia care would have received regionally-based technical assistance related to provision of specialized dementia care under this program. Training and consultation services would be made available to regional/local licensed boarding homes and adult family homes serving DSHS clients with dementia.

Narrative Justification and Impact Statement

How contributes to strategic plan:

AASA Strategic Goal: Coping with Dementia - Develop a comprehensive program to address the multiple and complex needs of individuals with dementia and their caregivers. Coordinate information, resources and service strategies necessary to manage this tragic epidemic in the public interest.

This decision package takes the first step toward designing and implementing a coordinated care program for clients with dementia. By using a small number of new FTEs, AASA will begin to develop strategies on how to better use existing community and AASA resources to coordinate care for clients with dementia, as well as begin to develop training and new resources for this growing population.

Performance Measure Detail

Program: 050

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Goal: 02E Address Client and Family Needs

No measures submitted for package

Incremental Changes

FY 1

FY 2

Goal: 03E Budget Performance and Economic Value

Efficiency Measures

7ED Monthly average cost per long-term care client.

Incremental Changes

FY 1

FY 2

1.59

2.96

Reason for change:

Special care services for individuals with dementia are evolving in response to demand from the private-pay market. In Washington State, the number of facilities providing specialize dementia care services continues to grow. Despite this, access to non-nursing home specialized dementia care services remains limited for the Medicaid population. This proposal would increase the resource capacity of the long-term care system for the vulnerable elders with dementia who, without this option, would most likely be placed in a nursing home.

Impact on clients and services:

This program will increase the availability of appropriate, better quality care for clients with dementia. By increasing the number of specialized dementia care beds in the state, clients with dementia will have increased options for long-term care within their community

Impact on other state programs:

None

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

One option is make no change. If nothing is changed, dementia clients will continue to be moved to nursing homes - the more costly alternative - before they truly need this level of service. Not only is specialized dementia care in licensed boarding homes less costly in the long run, but generally preferred by family members.

Another option would be to advocate for the integration of a standard set of requirements for specialized dementia care for all licensed boarding homes delivering this type of care, whether they serve private pay or DSHS clients. This would enable AASA to ensure a certain level of quality for the vulnerable population across the state. This option may not be attainable at present. The current proposal offers the ability to impose a standard set of requirements on those facilities providing specialized dementia care services to DSHS clients while promoting quality through a non-regulatory approach.

Budget impacts in future biennia:

The costs of providing specialized dementia care will carry forward into future biennia. Long-term cost avoidance will also occur as clients remain longer in residential settings, which cost less than the average nursing home.

Distinction between one-time and ongoing costs:

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All costs are ongoing.

Effects of non-funding:

If not funded, Medicaid clients with dementia would continue to experience a limited-choice environment. With limited residential service options that can meet their needs, this population may be forced into using the nursing home level of care prematurely, thus raising overall costs. Additionally, AASA staff and licensed boarding home providers will continue to struggle with meeting the needs of this demanding population without adequate training and support.

Expenditure Calculations and Assumptions:

See attachment - AASA PL-EN Dementia Pilot Project.xls

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 050 Objects			
A Salaries And Wages	163,000	163,000	326,000
B Employee Benefits	39,000	39,000	78,000
E Goods And Services	172,000	147,000	319,000
G Travel	10,000	10,000	20,000
N Grants, Benefits & Client Services	542,000	1,363,000	1,905,000
T Intra-Agency Reimbursements	3,000	3,000	6,000
Total Objects	929,000	1,725,000	2,654,000

DSHS Source Code Detail

Program 050		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	465,000	863,000	1,328,000
Total for Fund 001-1		465,000	863,000	1,328,000
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
<u>Sources</u>	<u>Title</u>			
19TA	Title XIX Assistance (FMAP)	271,000	681,000	952,000
19UL	Title XIX Admin (50%)	193,000	181,000	374,000
Total for Fund 001-C		464,000	862,000	1,326,000
Total Program 050		929,000	1,725,000	2,654,000